## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

| Eliocato Bocottibul o, 2004   |  |  |  |                               |                          |                                 |         |   | <u>  10/583052</u>     |    |                     |                        |  |
|---|--|--|--|-------------------------------|--------------------------|---------------------------------|---------|---|------------------------|----|---------------------|------------------------|--|
|   |  | CLAIMS A   | S FILED - Column                         |                               | (Column 2)               |                                 |         | SMALL ENT                               | TITY                   | OR |                     | OTHER THAN             |  |
| U.S   | . NATIONAL S                               | STAGE FEES   | Column                                   | (Column 1)                    |                          | (Column 2)                      |         | RATE                                    | FEE                    | ]  | RATE                | FEE                    |  |
| BAS   | IC FEE                                     | •  |  |                               |                          |                                 | 1       | BASIC FEE                               |                        | OR | BASIC FEE           | 300                    |  |
| EXA   | MINATION FE                                | E  |  |                               |                          |                                 | 1       | EXAM. FEE                               |                        | ĺ  | EXAM. FEE           | 200                    |  |
| SEARCH FEE  |  |  |  |                               |                          |                                 | 1       | SEARCH FEE                              |                        |    | SEARCH FEE          | 400.                   |  |
| FEE FOR EXTRA SPEC. PGS.  |  |  | minus 100 =                              |                               | / 50 =                   |                                 | 1       | X \$ 125 =                              |                        |    | X \$ 250 =          | 700.                   |  |
| TOTAL CHARGEABLE CLAIMS   |  |  | 13 min                                   | us 20 =                       | *                        |                                 |         | X \$ 25 =                               |                        | OŔ | X \$ 50 =           |                        |  |
| INDEPENDENT CLAIMS  |  |  | _3 minus 3 =                             |                               | *                        |                                 |         | X \$ 100 =                              |                        | OR | X \$ 200 =          |                        |  |
| MUL   | TIPLE DEPENI                               | DENT CLAIM PRI   | ESENT                                    |                               |                          |                                 |         | + \$ 180 =                              |                        | OR | + \$ 360 =          |                        |  |
| * If  | the difference                             | in column 1 is   | less than zero                           | , enter "(                    | o" in co                 | lumn 2                          |         | TOTAL                                   |                        | OR | TOTAL               | 900                    |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  I CLAIMS I HIGHEST I |  |  |  |                               |                          |                                 | -       | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |    |                     |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY             | PRESENT<br>EXTRA                |         | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                                      | *  | Minus                                    | **                            |                          | =                               |         | X \$ 25 =                               |                        | OR | X \$ 50 =           |                        |  |
|   | Independent                                | *  | Minus                                    | ***                           |                          | =                               |         | X \$ 100 =                              |                        | OR | X \$ 200 =          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT O |  |  |                               | CLAIM                    | . 🗆                             |         | + \$ 180 =                              |                        | OR | + \$ 360 =          |                        |  |
|   |  |  |  |                               |                          | ,                               |         | TOTAL ADDIT.<br>FFF                     |                        | OR | TOTAL ADDIT.<br>FFF |                        |  |
|   |  | (Column 1)   |  | (Colur                        | nn 2)                    | (Column 3)                      |         |   |                        |    |                     |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY             | PRESENT<br>EXTRA                |         | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                                      | *  | Minus                                    | **                            |                          | =                               |         | X \$ 25 =                               |                        | OR | X \$ 50 =           |                        |  |
|   | Independent                                | *  | Minus                                    | ***`                          |                          | =                               |         | X \$ 100 =                              |                        | OR | X \$ 200 =          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT C |  |  |                               | CLAIM                    |                                 |         | + \$ 180 =                              |                        | OR | + \$ 360 =          |                        |  |
|   |  |  |  |                               |                          |                                 |         | TOTAL ADDIT.<br>FFF                     |                        | OR | TOTAL ADDIT.<br>FFF | . ·                    |  |
| * **  | If the "Highest Nu<br>If the "Highest Nu   | umn 1 is less than th<br>umber Previously Pa<br>umber Previously Pal<br>mber Previously Palo | ld For" IN THIS SP<br>ld For" IN THIS SP | ACE is les                    | s than '2'<br>s than '3' | 0', enter "20".<br>, enter "3". | d in th | e appropriate box                       | in column :            |    | ·                   |                        |  |